

West Virginia Medicaid

Redesign Benefit Packages

Children

Basic Plan	Enhanced Plan
Inpatient Services* <ul style="list-style-type: none"> Inpatient Hospital Care Inpatient Hospital Rehabilitation Inpatient Hospital Psychiatric Services 	Inpatient Services* <ul style="list-style-type: none"> Inpatient Hospital Care Inpatient Hospital Rehabilitation Inpatient Hospital Psychiatric Services
Outpatient Services <ul style="list-style-type: none"> Diagnostic x-ray, laboratory services and testing* Birth to Three Services Occupational/Physical Therapy* Speech Therapy* Cardiac Rehabilitation* Pulmonary Rehabilitation* Chemical Dependency/Mental Health Services* 	Outpatient Services <ul style="list-style-type: none"> Diagnostic x-ray, laboratory services and testing* Birth to Three Services Occupational/Physical Therapy* Speech Therapy* Cardiac Rehabilitation* Pulmonary Rehabilitation* Chemical Dependency/Mental Health Services* Weight Management
Physician/NP/MW Services/RHC/FQHC <ul style="list-style-type: none"> Primary Care Office Visits Physician Office Visits Specialty Care* Podiatry* Diabetes Education/Nutritional Counseling Well Child Visits 	Physician/NP/MW Services/RHC/FQHC <ul style="list-style-type: none"> Primary Care Office Visits Physician Office Visits Specialty Care* Podiatry* Diabetes Education/Nutritional Counseling Well Child Visits
Home Health (prior authorization, after 60 units)***	Home Health (prior authorization after 60 units)***
DME** <ul style="list-style-type: none"> Orthotics and Prosthetics** 	DME ** <ul style="list-style-type: none"> Orthotics and Prosthetics**
EPSDT	EPSDT
Family Planning Services and Supplies	Family Planning Services and Supplies
NEMT	NEMT
Hospice*	Hospice*
Ambulance	Ambulance
Prescriptions	Prescriptions
Vision <ul style="list-style-type: none"> Limited 1 frame/yr*** 	Vision <ul style="list-style-type: none"> Contact Lenses* Limited 1 frame/yr***
Dental** <ul style="list-style-type: none"> Orthodontics* 	Dental** <ul style="list-style-type: none"> Orthodontics*
Hearing <ul style="list-style-type: none"> 1 hearing aid/5 yrs*** 	Hearing <ul style="list-style-type: none"> 1 hearing aid/5 yrs***
Tobacco Cessation	Tobacco Cessation
Skilled Nursing Care*	Skilled Nursing Care*
	Nutritional Education

*Prior authorization for medical necessity only.

** Prior authorization for medical necessity, are subject to service limitations listed in BMS provider manuals at www.wvdhhr.org/bms

*** Prior authorization based on medical necessity to exceed limits